# Child Health and Welfare

## In Some Selected Slums of

## Kolkata Municipal Corporation: A Geographical Analysis

A Synopsis submitted to the

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**Introduction**

Children are the future of our society as well as the nation. But the Union Govt. report, 'Slums in India – A statistical compendium 2011' stated that every eighth urban child in India in the age-group of 0-6 years stays in slums. The report also stated that

"*…around 2.5 million children in the age group of 0-6 are living in the slum areas of million plus cities in 2001; this constitutes 27.3 per cent of the total child population of these 27 cities….Half of these 2.5 million children stay in the three major metros of Mumbai, Delhi and Kolkata, while Mumbai has 0.86 million children, Delhi and Kolkata account for 0.3 million and 0.15 million children respectively.*"

These slum children's are deprived from basic human security such as economic, food, health, environmental, personal, community, and political security.

The word "slum" first introduced in 19th century London, when the increasing urban working classes moved into congested, overcrowded and poorly serviced tenements. They started living close to the factories and industrial plants that employed them. The term referred to what was initially designated "a room of low repute", but over time took on the generic definition, "a squalid and overcrowded urban area inhabited by very poor people". (UN-HABITAT, 2006/7)

The definition of slum proposed by the UN-HABITAT Expert Group Meeting, 2002 on slum indicators states that:

"*A slum is a contiguous settlement where the inhabitants are characterized as having inadequate housing and basic services. A slum is often not recognized and addressed by the public authorities as an integral or equal part of the city."*

According to the Slum Area (Improvement and Clearance) Act of 1956, enacted by the Government of India, slums have been defined as those areas where buildings are in any respect unfit for human habitation. Physically, slums are the clusters of huts comprising several rooms which are made by temporary building materials. Common latrine, lack of water supply, drains, disposal of solid waste and garbage within premises are the common characteristics of slum.

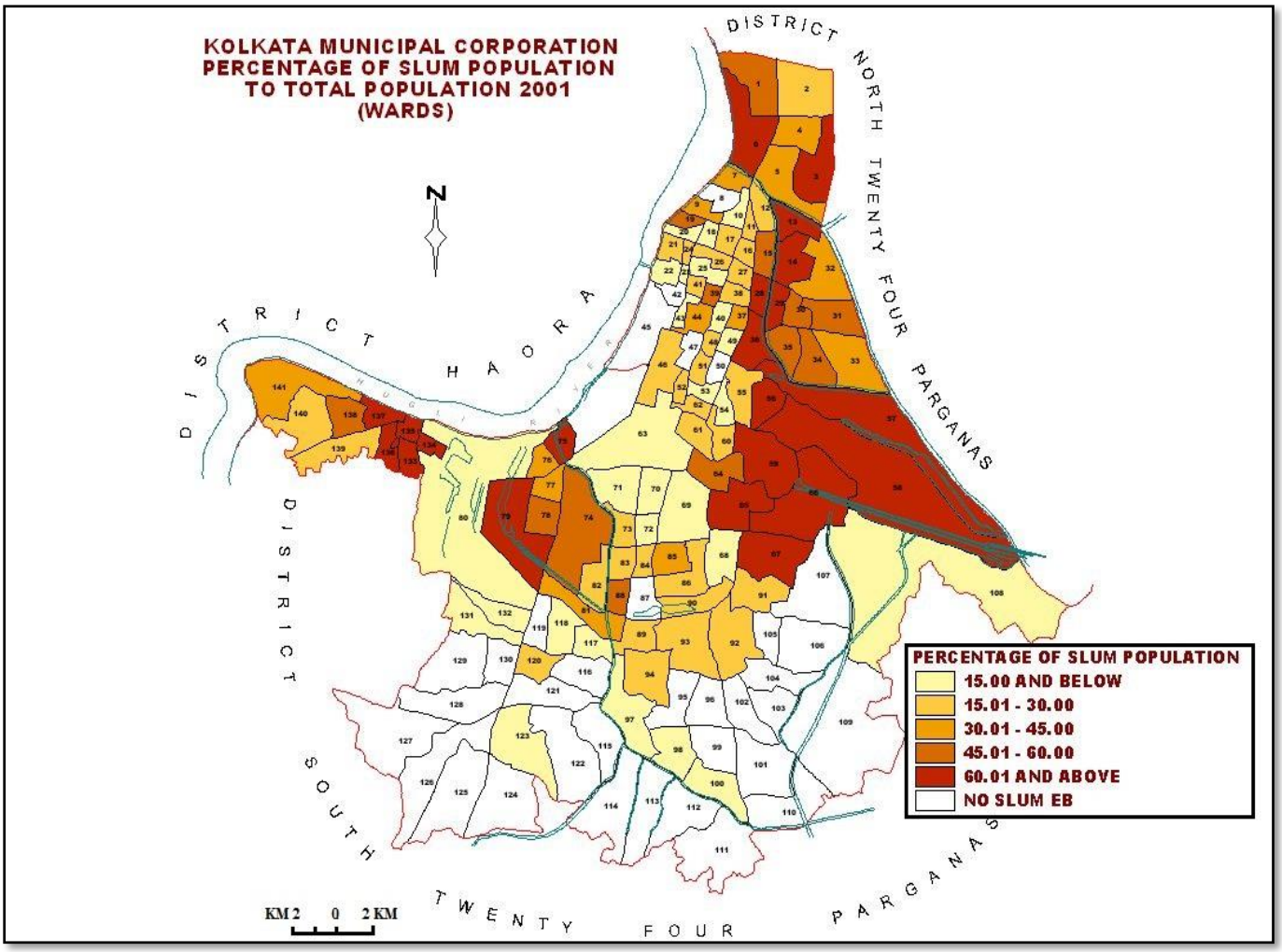
Slum also defined by Census of India as residential areas where dwellings are unfit for human habitation due to dilapidation, overcrowding, faulty arrangements and design of such

buildings, narrow and unplanned streets, lack of ventilation, light, or sanitation facilities or any combination of these factors which are detrimental to the safety and health.

Thus from the above definitions it is clear that there are lack of socio-economic development in slums. And children's health is primarily determined by the socio–economic conditions in which they are born, grow and live. Children living in informal settlements and impoverished neighbourhoods are excluded from essential services and social protection to which they have a right (UNICEF, 2012).

Growth of slum reflects the nature of increasing urban poverty. Poverty exercises an adverse influence on the health and nutrition status of children. Inadequate and irregular earnings of family affect the quantity and quality of food throughout the year, its standard of living, and access and use of healthcare. (Bhakhry, 2006). Moreover in those areas inadequate access to safe drinking water and sanitation services puts children at increased risk of illness, malnutrition and death. When child health statistics are disaggregated, it becomes clear that even where services are nearby, children growing up in poor urban settings face significant health risks. In some cases, the risks exceed those prevalent in rural areas. (Montgomery, 2009)

**Study Area –**For this study Kolkata Municipal Corporation (KMC) is selected as the study area. Kolkata (also known as Calcutta) is the capital of the Indian state of West Bengal, located on the east bank of the Hooghly River. The city is the most important commercial, cultural, and educational centre of East India. Kolkata is the third largest municipal corporation in India with a population of 44, 96,694 (Census 2011) and a population density of 24,429 per sq km. The city also supports another 5.5 million floating population which is more than the population of the city itself. This includes a slum population of 1.5 million. The area under Kolkata Municipal Corporation (KMC) consists of 144 wards that are grouped into 16 boroughs. It contains a total of 1460 slums which accounts for 1/3 rd of resident population.




Source: Census 2001

**Objectives-** The main objectives of the present works are-

- To find out the socio-economic factors that affect the child health in slums
- To analyze how the social determinants affects the child health and welfare
- To reveal the living condition as well as the household amenities of the slum area.
- To assess their accessibility to basic needs
- To highlight the nutritional status of the slum dwelling children.
- To explain how gender inequities influenced child health and welfare
- To describe the present situation of the slum development policies as well as child development policies

**Research questions-** The major research questions of this study are as follows:

1. What type of health status exists among the children dwelling in slums?

2. What are the main socio-economic, non medical factors that affect the child health?
3. What are the major threats to child health in those areas?
4. What is the socio-demographic condition of slum dwellers?
5. What are the major threats to child literacy?
6. What is the condition of different child welfare schemes in slums?

## Hypothesis of the study-

### A) Hypothesis Related to Child Health:

**H1**- Body Mass Index Does not related with Frequency of food intake.

**H2**- Health awareness does not relate to education.

**H3**-Child health does not relate with parental education.

**H4**- Child health does not relate with sources of drinking water.

### B) Hypothesis Related to Child Welfare:

**H1**- Child Literacy does not depend on religion in the slum area.

**H2**- There is no difference in literacy rate between male and female children dwelling in the slums.

**H3**-Family income does not depend on caste system.

**H4**- Frequency of food intake does not depend on family income.

## Database and Methodology

The study is based mainly on primary data. The whole work will be done in following manner-

a) **Reconnaissance Survey** - In order to identify suitable areas for this study, a reconnaissance survey was conducted in selected boroughs mainly in the slums and squatter settlements of the Kolkata Municipal Corporation area by the researcher. This reconnaissance included a few preliminary questionnaire interviews, discussion with local residents and key informants, and personal observation.

b) **Techniques of data collection -**
   1. Collecting necessary secondary data and maps from KMC offices.
   2. To collect the data total 15 boroughs of Kolkata Municipal Corporation (KMC) was considered. As per Secondary data collected from KMC, there are total 1460

slum pockets and 1570315 slum dwellers within the KMC area. In this study only slum pockets having more than 100 child dwellers was considered. There are 532 slum pockets where No. of child dwellers are 100 and above. After that, total 532 slums are organized by descending order on the basis of no. of total slum dwellers. Now for in-depth study 5 % those 532 slums, which rounded of to 30 slums, were selected. Considering the No. of slum pockets with 100 or above child dwellers in each borough, total 30 slums were divided proportionately. Thus from the rounded off value of those proportion, No. of slum pockets which will be surveyed from each borough was determined. For the purpose of sampling, pre determined 30 households were selected randomly from each slum pockets. In this way total 900 slum household were surveyed with structured questionnaire. (Table -1)

3. Conduct primary survey with appropriate pre-tested questionnaire consisting more than 100 questions. Slum household having children within 14 years of age was considered for this study. Anthropometric measurements also done during this period. Anthropometer was used to measure the height of the children's and Portable weighing machine with 0.5 kg accuracy was used to measure weight of the sample.

**c) Data analysis and presentation-**

After gathering the data, maps etc are processed and analyzed. Different statistical techniques were used for analysis of data. Microsoft Excel 2010 and SPSS 12 were used for this purpose. Finally use cartographic presentation of the collected data for preparation of maps and diagrams. ARC-GIS 10.2 software was used for the purpose of mapping.

| Table 1-Borough wise sample size | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | Details of the selected slum* | | | | | | | | |
| Borough No | No of total slum pockets | Slum having child population 100 and above | No of slum as sample | No of slum in round figure | Ward No | Bustee Name | Road Name | Approx Area (Sq.m.) | Total Families | Male | Female | Child | Total Dwellers | No of household surveyed |
| 1 | 104 | 29 | 1.635 | 2 | 6 | 20\1, KHAGENDRA CHATTERJEE ROAD | CHOORI PARA AND GHOSE BAGAN BUTEE LOCK GATE ROAD | 49497 | 1460 | 3160 | 2634 | 1229 | 7023 | 30 |
| | | | | | 3 | 85 BELGACHIA ROAD | BELGACHIA ROAD | 31975 | 1072 | 2905 | 2598 | 874 | 6377 | 30 |
| 2 | 82 | 12 | 0.677 | 1 | 11 | 156\2 AUROBINDA SARANI | MOHAN BAGAN LANE | 8560 | 317 | 751 | 676 | 272 | 1699 | 30 |
| 3 | 93 | 51 | 2.876 | 3 | 29 | 1-6 SASTHI TALA ROAD | NARKELDANGA NORTH ROAD | 110404 | 2374 | 4442 | 3894 | 3162 | 11498 | 30 |
| | | | | | 35 | 132 & 133, RAJA REJENDRA LAL MITRA RD | BELIAGHATA MAIN ROAD | 95200 | 1329 | 2462 | 2364 | 893 | 5719 | 30 |
| | | | | | 29 | 15\H\6\1 8\A, 8\C 7\7 CHAMRU SINGH LANE | , NARKEL DANGA NORTH ROAD | 21160 | 1419 | 2099 | 1764 | 1639 | 5502 | 30 |
| 4 | 82 | 34 | 1.917 | 2 | 28 | 2 BIPRADAS STREET | GAS STREET | 39070 | 1814 | 4767 | 2195 | 2396 | 9358 | 30 |
| | | | | | 39 | 1-3,53,54,57,59,63 M.M BURMAN STREET | M.M BURMAN STREET | 43950 | 1545 | 3757 | 3550 | 1891 | 9198 | 30 |
| 5 | 66 | 18 | 1.015 | 1 | 37 | 13,15,BAITHAK KHANA RD | KESHAB CH SEN ST. | 75340.5 | 1747 | 4558 | 4197 | 1546 | 10301 | 30 |

| Borough No | No of total slum pockets | Slum having child population 100 and above | No of slum as sample | No of slum in round figure | Ward No | Bustee Name | Road Name | Approx Area (Sq.m.) | Total Families | Male | Female | Child | Total Dwellers | No of household surveyed |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 6 | 100 | 56 | 3.158 | 3 | 54 | 1-3,29,30 PHOOL BAGAN RD | 1-3,29,30 PHOOL BAGAN RD | 205306 | 4737 | 8491 | 9063 | 11034 | 28588 | 30 |
| | | | | | 60 | 4,3 GORA CHAND ROAD | LINTON ST | 182412 | 3807 | 7810 | 7495 | 8496 | 23801 | 30 |
| | | | | | 62 | 4 7 9 33 34 33 96 95 SARIF LN | SARIF LN | 115950 | 3627 | 5936 | 6408 | 8160 | 20504 | 30 |
| 7 | 172 | 102 | 5.752 | 6 | 58 | H-1 TO H-141 BAICHTALA | 41 PUIN KHATIC RD | 1746706 | 20792 | 36157 | 36322 | 34298 | 106777 | 30 |
| | | | | | 59 | 11 ABINASH CHOWDHURY LN | ABINASH CHOWDHURY LN | 600685 | 8470 | 17223 | 16495 | 8520 | 42238 | 30 |
| | | | | | 57 | 4,5,6,7 D C DEY RD | 8 PAGLADANGA RD | 91117.9 | 9216 | 16471 | 13287 | 8397 | 38155 | 30 |
| | | | | | 59 | 10\1L ABINASH CHOWDHURY LN | ABINASH CHOWDHURY LN | 124814 | 3325 | 6867 | 6995 | 4199 | 18061 | 30 |
| | | | | | 56 | 1 MOTIJHEEL | 5,6,7,BIBI BAGAN RD | 328238 | 3678 | 7672 | 6059 | 3774 | 17505 | 30 |
| | | | | | 58 | 47,31, CHIRSTOPHER RD | D C DEY ROAD | 87444 | 1529 | 5085 | 5164 | 5382 | 15631 | 30 |
| 8 | 168 | 20 | 1.128 | 1 | 69 | 39 BELTALA RD | 39 BELTALA RD | 15776 | 1291 | 2687 | 2293 | 1654 | 6634 | 30 |
| 9 | 118 | 26 | 1.466 | 1 | 78 | 3 42 2 1A 2\4C MOMIMPURE RD | 8 12\1 4 13-15 18\1 M B ROAD | 211153 | 4370 | 8278 | 12050 | 3649 | 23977 | 30 |
| 10 | 84 | 23 | 1.297 | 1 | 81 | 1 2 5 6 33 TO 35 SAHAPUR RD | D S P ROAD | 81967 | 3147 | 6655 | 6937 | 2701 | 16293 | 30 |

| Borough No | No of total slum pockets | Slum having child population 100 and above | No of slum as sample | No of slum in round figure | Ward No | Bustee Name | Road Name | Approx Area (Sq.m.) | Total Families | Male | Female | Child | Total Dwellers | No of household surveyed |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 11 | 53 | 17 | 0.959 | 1 | 112 | 10 9 36 35 67 PORA KHOLA RD | H L SARKAR RD | 315359 | 2518 | 3949 | 4078 | 2333 | 10360 | 30 |
| 12 | 84 | 57 | 3.214 | 3 | 101 | 21 31\8 51 56 DESH BANDHU ROAD | A-94 D-19\3 E M BYE PASS | 525080 | 2851 | 5593 | 4867 | 2275 | 12735 | 30 |
| | | | | | 101 | 43 49A 35 B U K DUTTA RD | A-94 D-19\3 C-99A E M BYE PASS | 473899 | 2677 | 5252 | 4539 | 2130 | 11921 | 30 |
| | | | | | 108 | BASANTI KULTI RD | UTTAR PURBA PANCHANNAGRAM | 147764 | 2600 | 3346 | 2676 | 2884 | 8906 | 30 |
| 13 | 80 | 16 | 0.902 | 1 | 121 | P-2 P-32 56\2 P B ROAD | 140 44 P-2 P-32 R M ROY ROAD | 2058460 | 1510 | 2744 | 2769 | 1764 | 7277 | 30 |
| 14 | 83 | 23 | 1.297 | 1 | 124 | 3-121 JEMS LONG SARANI | H-1 H-294 6 8 19 JEMS LONG SARANI | 47724.3 | 3203 | 5514 | 5278 | 2862 | 13654 | 30 |
| 15 | 91 | 48 | 2.707 | 3 | 134 | J540\2 J58\1 J426 HARI BABU PALLY BYE LN | J536 J498 G300 PAHARPUR RD | 295652 | 6474 | 10880 | 11243 | 13110 | 35233 | 30 |
| | | | | | 133 | J105 J158\1 J124 PAHAR PUR RD | M101 M69 M75 N99 PAHAR PUR RD | 518700 | 5136 | 8849 | 8420 | 6969 | 24238 | 30 |
| | | | | | 138 | T315 T340 T346\3 PANCH PARA BUSTEE | T214 -250 BARA BAGAN BUSTEE | 88000 | 1420 | 3664 | 3049 | 1467 | 8180 | 30 |
| Total | 1460 | 532 | 30 | 30 | | | | | 109455 | | | | | 900 |

*Source:KMC,2009

# 1. Review of Literature on Child Nutrition and Child Health in slums

Children's are the future of nation. So many scholars gave importance to child health and development both in slum and non slum areas in their study. Few of the selected studies are as follows -

## 1.1 Child nutrition

Haddad et al. (1999) explained in his study that the absolute number of underweight children in urban areas is increasing and at a faster rate than the numbers in rural areas. They commented that the number of urban poor is increasing, the share of the urban poor in overall poverty is increasing, the number of underweight preschoolers in urban areas is increasing, and the share of urban preschoolers in overall numbers of underweight preschoolers is increasing. The locus of poverty and under nutrition does seem to be changing from rural to urban areas according to them.

Goyle et al. (2004), studied about the colostrums and prelacteal feeding practices of the families dwelling in pavements and roadside squatter settlements in the city of Jaipur. They highlighted that only few mothers had fed colostrums to their babies. But most of the mothers discarded it as they thought it to be immature dirty milk and therefore harmful to their infants, due to their ignorance and illiteracy. They also examined that prelacteal feeds are given under the belief that they act as laxatives, cleansing agents or rehydrating agents. The prelacteal feeds were given to most of the infants. This prelacteal feeds included plain water, sugar, milk, honey etc. But the mothers do not aware that prelacteals could be a source of contamination too.

Ghosh et al. (2004) examined the nutritional problems in urban slum children. Lack of basic amenities like safe drinking water, proper housing, drainage and excreta disposal make slum dwelling population vulnerable to infections which further compromises the nutrition of those living in the slums. Malnutrition is a significant problem in urban poor children and there does not appear to be a positive nutritional transition in this population. There are some major nutritional problems mainly, protein energy malnutrition (PEM), vitamin A deficiency (VAD), iron deficiency anemia (IDA) and iodine deficiency disorders (IDD) etc. The major causes of childhood malnutrition in this population are inappropriate infant and young child feeding practices, infections, improper food security, suboptimal child care, faulty intra-familial distribution of food, faulty choice of food, lack of awareness about the special nutrient needs of pregnant women and children besides poor availability and inadequate utilization of health care services.

Bhattacharyya et al. (2015) studied about the prevalence of overweight and obesity among adolescent school girls in urban slum of Kolkata. In their study they reported that adolescent overweight and obesity is rising even in low socioeconomic status. The factors like duration of leisure hours like duration of TV/Video watching, listening to music or reading story books, mode of transport to school and frequency of intake of junk food are associated strongly with overweight and obesity among the adolescent school girls of an urban slum.

### 1.2 Child morbidity and child mortality

Narkhede et al. (2012) analyzed the morbidity profile of under five children in the urban slums of Nagpur. Their study revealed that morbidities like anemia, under nutrition, respiratory diseases, and various vitamin deficiencies were very common among the under five children. The highest prevalence of morbidity was of anaemia. They analyzed that prevalence of anaemia was higher among children having under nutrition than normal children and prevalence of under nutrition was higher among children having acute respiratory infection; followed by diarrhea, other illness and measles in past six months.

Jorgenson et al. (2012) illustrated that urban slum prevalence exhibits a substantial impact on child mortality across a large number of less developed countries. Urban slum prevalence constitutes a dimension of the social production of mortality rooted in prevailing social inequities and economic organization that underlies the formation of urban slum settlements. Thus, child mortality is not simply reducible to individual-level biological and behavioral risk factors. Urban slums are a crucial context wherein susceptibility to disease and illness promote the disproportionate death of children in less developed countries.

## 2. **Review of Literature on Child Welfare in Slums**

### 2.1 Child labour -

Malik et.al (2002), studied about the socio-economic determinants behind the child labour and the working environmental conditions of child labourers engaged in different occupations in a slum area of Kolkata. It was reveald by their study that most of the child labourers are recently migrated to the city. The child labours are engaged in different working places such as garages, hotels and tea-stalls, domestic work and also as rag pickers. Most of them worked in an ill-ventilated environment and they don't receive the drinking water or toilet facility at their working places..

Lekshmanan (2010) studied about migrant child labours who are employed in hotels, restaurants and tea- shops. He stated that although poverty is a major cause of child labour, child labour is also a major cause of poverty because of its negative long-term effects on children, families and communities. His study revealed that in addition to poverty the other factors like parent's compulsion due to unemployment, family conflict, ill-treatment of 'the parent.etc. are the most formidable factors of child labour. Food is one of the important pull factors attracting children to work in the hotel sector.

**2.2 Child education -**

Nath et al. (2013) studied about the problems in achieving elementary education faced by the slum dwelling children of Kolkata Municipal Corporation area. Large family size, poor living condition, poor health, unfavourable home condition and surrounding environment, migration, language problem, unstable occupation and economic condition, poor parental educational background and school environments are most significant problems in achieving elementary education among 6-14 years old children's. Moreover a peaceful environment for concentrating and studying at home is almost missing in slum areas. Most of the families in these slum areas were lived in small single dark, damp, room without proper ventilation provision and also used for multi-purpose activities. Due to alcoholic nature among most of the male members, quarrelling using abusive and slang language, beating wife and children is a common daily affair in almost every household. Children very naturally learn and start using such language. In surroundings it is common in slum culture that people hire a stereo box frequently for any community entertainment programme and install it on footpath or on road side and play popular film songs at quite a high volume and once installed it continues for days. Thus, in such noisy and disturbed surrounding at home and outside even if any child wish to study it becomes almost impossible to them to concentrate and study. In some cases where the slum dwelling families are inter-state migrants, the mother tongue of the migrated children is totally different from the medium of instruction followed in local schools where they are being admitted after migration because either of unavailability of such schools nearby or because of parental unawareness. These children faces problem in understanding, which causes drop out at last. In case of first generation learners, parents' depends on private tutors, but they are of much inferior quality and as a result it hardly makes an improvement in their achievement level.

**2.3 Gender bias**

Bedre et al. (2015) examined the variation in sex preference with sex differential treatment with respect to child rearing practices in urban slum area of Mumbai. Their study revealed

that there are significant association between weaning at proper time i.e. 4 to 6 months and sex of the child. The timely initiation of complementary feeding is more in boys as compared to girls. There are also significant association between nutritional status & sex of the child. It was observed that higher proportion of female children suffered from any grade of under-nutrition as compare to the male counterpart. The study shows that there was significant association between immunization status and sex of the child. Majority of boys were completely immunized as compared to girls. Most of the boys were taken to private clinic for treatment despite considerable higher cost at these facilities as compared to girls.

### 2.4 Welfare Schemes

Sen (2016) analyzed the role of 'Kanyashree Prakalpa' in the empowerment of adolescent girls dwelling in the slum area. In his paper he highlighted that drop out of girl's students, poverty and child marriages are interrelated in the slum area. After the implementation of 'Kanyashree project' by the Govt. of West Bengal, drop-out of girls' students has been reduced from post elementary education. Kanyashree Project plays vital role in the development of post elementary education of slum girl's as well as decreasing of child marriage.

## 3. Literature review on socio-economic aspect of the slum area

### 3.1 Physical and social environment

Abrams (1953) explained that slum is a common problem in almost every city of the world. According to him, slum condition became worst when the physical slum was accompanied by overcrowding. He observed that lack of light even in day time, lack of ventilation, uses of single living room for many purpose and overcrowding are common problems in slums.

Dutt and others (1994) analyzed how the work pattern of the slum dweller is related to the types of job opportunities available in the city. They also examined that settled migrants' low incomes ensure that they become spatially immobile, thus proximity to a work place is essential to a slum-dweller. Only the most well off can use public transportation to get to work. For example, the 100-year old Tangra slum described by the authors was originated because of its proximity to chemical and rubber industries, but it has expanded due to employment opportunities in nearby tanning and shoe industries as well as a slaughterhouse.

Chowdhury (1999) examined the condition of slum and pavement dwellers in the Calcutta. She analyzed the environmental condition of the slum area as well as the socio-economic

condition of the people. According to her, there are a lot of variations in case of religion, caste, language in the slum areas of Calcutta. There are regional disparities also in the slum area. She also highlights there are significance differences between slum and pavement dwellers in the pattern of employment and income, with the pavement dwellers being employed in least secured and lowest paid and lowest status positions and also evincing much higher rates of unemployment than the slum dwellers.

Lee M.B. (1999) studied about the health of women in urban squatter settlements in Karachi where the findings indicated that the basic conditioning factors, socio-economic variables, ethnicity and roles, were predictive of perception of power, enabling capacities of self-care agency, self-care and health.

Tripathy (2003) found that slum women do heavy manual work even till the day of delivery. Women were delivered by neighboring women or relatives or by traditional midwives. During the first delivery most women stayed at home up to one year before returning to work. From the next, delivery on words they stayed for a period ranging from one month to three months. But the women workers do not know that if pregnant women carry heavy loads run a high risk of abortion.

Schenk (2011) studied about the religious, linguistic, and caste diversity amongst Kolkata slum-dwellers. According to his opinion slum dwellers demonstrate a tendency to self-segregate when possible both within a slum and between slums and their diversity in religion, language, caste etc. also controls the socio-economic nature of that slum area. For example, Muslims' housing structures in this basti reflect some of their cultural values. Most Muslim houses, which hold seven to eight families, have an inner courtyard with a bathroom. This encourages increased social cohesion between families and allows conservative Muslim women to bathe in greater privacy. In the Hindu basti, houses hold fewer families and do not have an inner courtyard with a bathroom.

Bandyopadhyay et al. (2013) analyzed the condition of the slum in India from past to present. They highlighted that housing condition of the slum area is in very critical condition. Density of house hold is larger in notified slums in comparison to non- notified slums. A large number of houses are not *pucca* in nature and the problem is more acute in the non-notified slums. They also explained that inadequate water supply facilities and poor sanitary conditions are the major problems in the slums.

### 3.2 Socio-economic status and Quality of life

Sinha et. al. (2007) studied about Ecology and Quality of Life in Urban Slums. They analyzed the quality of life in the cities of Munger and Bhagalpur. They highlights how the quality of life revolves around the concentration of population, surrounding environment, transportation linkages, location of shopping establishments, dress material of people, food habit and the level of education and recreation of the inhabitants in the urban centers .

Das (2013) examined the quality of life in the slum of Balurghat town, West Bengal. Her study attempts to provide some insights into recent changes in the slum settlements that make for a good quality of life of slum dwellers in the study area. She highlights the upgrading situation of slum dwellers rather than social problems of the slums. Besides comparatively better literacy rate, better health condition, easy access of drinking water, facilities of sanitary system, there are also some problems in the slum area like poor condition of sewage and drainage, poor recreation facilities, improper solid waste management etc.

Sharma and Kaushik (2013) studied about the socio-economic condition of the slum dwellers of Kurukshetra city. They observed that the slum dwellers earn 'hand to mouth' from their occupation and they are unable to fulfill the basic requirements of life. They analyzed that open defecation and garbage disposal invite the communicable diseases and polluted water is responsible for worm infection and diarrhea among children in such areas.

Tripathy (2013) studied about the socio-economic status of the marginalized semi-urban slum dwellers of Ballavpur mouza in the Midnapur district of West Bengal. **S**ocio-economic status of a slum area is mostly depended on education, income and occupation, which influences the nutritional health, lifestyle and livelihood status of slum dwellers. Most of the people of the slum area is under BPL category and engaged them with transportation being rickshaw puller, cow-cart manager, trolley puller, daily laborers etc. But his study reveals that, most of the slum dwelling families have some assets like bi-cycle, DVD player, mobile phone, expensive TV, some of them have latest LCD or LED TV, bike and other expensive amenities also.

Jha et al. (2014) in their study was attempted to determine the quality of life statistically in slums of Varanasi city. In the study it was highlighted that, low and very low quality of life exists in the slums of Varanasi city. The housing condition, rate of literacy and medical facilities are poor. The lack of proper waste disposal facility and poor sewage system are responsible both for pollution and health related problems.

### 3.3 Social problems

Ghosh et al. (2012) analyzed the patterns of alcohol consumption among male adults at a slum of Kolkata. Their study revealed that consumption of alcohol is high among slum

dwelling males. The mean age of initiation is also low. As most of the consumers preferred to drink outside at home, so, they preferred to drink at the home of their friends, liquor shops, public places or work places also. All the alcohol-dependents and hazardous or harmful consumers consumed alcohol mainly in the evening and night.

Govindaraju (2012) stated that the slum dwellings are quite uncomfortable and suffocating where sub-human living conditions prevail. He found that alcoholism is one of the prominent factors, which is highly responsible for weakening the economic conditions of the slum dwellers irrespective of caste and sex. The family atmosphere particularly the relationship between husband and wife also highlighted in his paper. It was seen that, because of the different attitude of the male members and their sheer neglect of the family, the responsibility of managing the family lies on women. As majority of male members addicted to alcohol and other bad habits like gambling etc. they expend most of their earnings on these. Hence the relationship between husband and wife was not cordial.

Sinha et al. (2012) studied about the domestic violence on women in a slum area of Kolkata. The study showed higher prevalence of domestic violence among slum population. Physical violence like hitting, beating and slapping, and psychological violence like insulting, threatening and withholding or delaying food were very common. The leading causes of domestic violence are alcohol addiction and multiple sex partners of the husbands. In this study, it was observed that women with property, higher per capita income and social support were having lower rates of domestic violence.

**3.4 Slum improvement and welfare**

Sawhney (2013) highlighted about certain demographic attributes of the slum population in India, its socio-economic and environmental impact and the public policy response towards the same. He reviewed different programmes designed by the government to control the growth of slums and the efforts to rehabilitate the slum-dwellers. He also observed that there are a number of deficiencies in the programmes launched by the Government of India and their implementation suffers from many ways. The problems in implementation arise both from the slum dwellers, whose lack of sensitivity towards the benefits of improvement on the quality of their lives and also the implementing agencies which are almost non-functional.

Singh (2014) in his study stated that Slum condition in Indian mega cities is very pathetic in nature. In his study he was explained that the number of statutory and slum reported towns in India were increasing day by day. As the quality of life in slum areas below in standard so local authorities need to be empowered with financial and human resources to deliver services and infrastructure to the urban poor. He further recommended proper implementation

of policies and programmes for the socio-economic upliftment of the socially marginalized sections, strict enforcement of land reform measures, proper provision of laws that take into consideration the interests of the slum inhabitants, co-ordination and co-operation between the various agencies working for slums, proper implementation of minimum wages legislation, provision of subsidized medical and educational institutions for the slum dwellers, and provision of safe drinking water and electricity supply for them. Thus he concluded that there are needs to do some arrangements for the slum dwellers to achieve good quality of life.

**Significance of the study** - This study will highlight the living standards of the poor people dwelling in slums and exploring their socio-economic economic conditions. Moreover it will suggest recommending effective policies in favor of these slum dwelling people. The most important part of this study is that it will study about children who are considered as the future of our society. The development of any country cannot take place smoothly when important part of the population i.e. children are left out. A better physical, social, mental development of a child will help the nation to smooth its way for future development. So the will help to draw attention of every one to think and do something for the development of poor people especially for children of slum areas.

**Expected Outcome-** The expected output of the study is that, the study on slum dwelling Children will be carried out which will help to identify the socio-economic factors that controls child health and welfare in slum environment. Another important thing is that the study will highlight the status of child health and nutrition and identifies the threats towards Children's health, which is very relevant. The real scenario of health care to that poorer section may create attention to the Govt. or private organizations. Further the findings from the research work will draw attention of policy makers in formulating effective policies for both Child development as well as slum improvement.

## Tentative Chapterization –

### Chapter-1 Introduction

1.1 Introduction 1.2 The problem 1.3 The study area 1.4 Gaps of research work and Significance of the study 1.5 Objectives 1.6 Research questions 1.7 Hypothesis 1.8 Methodology 1.8 Expected Outcome 1.9 Limitations of the study

### Chapter-2 Literature Review

## Chapter-3 Background of the study area

3.1 Location 3.2 History of slum development 3.3 Physical condition of the slums 3.4 Demographic characteristics and socio-economic condition of the study area

## Chapter-4 Status of Child Health

4.1 Introduction 4.2Child health 4.3 child nutrition 4.4 diseases 4.5 child morbidity 4.6 Access to basic health services 4.7 Influences of social determinants on child health 4.8 Health awareness.

## Chapter-5 Rights of the children and its present situation

5.1 Introduction 5.2 Rights for basic education- (Educational attainment, sex wise child literacy rate, problems of child education, School drop outs, parental education as a social determinants and its influence)

5.3 Rights for non-discrimination- ((Role of children in family, gender inequality, participation in economic activities and in household works, child labour, child abuse)

5.4 Other Rights

## Chapter-6 Child welfare policies

6.1 Slum Development policies and its present situation 6.2 Child development strategies- it's past and present condition, 6.3 role of NGO

## Chapter-7 Findings and discussion

## Chapter-8 Summary, Suggestion for development and Conclusion

**Limitations of the study:** Every research study has its limitations and the present study is not an exception to it. Due to lack of time and money sample size is short. In this study total 141 wards of Kolkata Municipal Corporation was considered. But there are also three newly created wards 142,143,144 which were included in a new borough (No-16) in 2015. But as there is no proper information or map of those wards available, so those are not included in this study. Moreover the study is based on the registered slums of Kolkata. Unregistered slums and squatter settlements not included in it, which are also an important site of urban poverty.

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